

SOUTHPOINTE HEALTHCARE CENTER

4500 WEST LOOMIS ROAD

GREENFIELD 53220 Phone: (414) 325-5300

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 174

Total Licensed Bed Capacity (12/31/03): 174

Number of Residents on 12/31/03: 164

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 166

Corporation

Skilled

No

Yes

Yes

166

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%	
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		16.5	
Supp. Home Care-Personal Care	No					1 - 4 Years		43.3	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.8	More Than 4 Years		14.6	
Day Services	No	Mental Illness (Org./Psy)	24.4	65 - 74	4.3			----	
Respite Care	No	Mental Illness (Other)	4.9	75 - 84	46.3			74.4	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	42.1	*****			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	4.3	95 & Over	5.5	Full-Time Equivalent			
Congregate Meals	No	Cancer	2.4		----	Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	14.6		100.0	(12/31/03)			
Other Meals	No	Cardiovascular	18.3	65 & Over	98.2	-----			
Transportation	No	Cerebrovascular	7.3	-----	----	RNs		10.7	
Referral Service	No	Diabetes	0.0	Gender	%	LPNs		8.6	
Other Services	Yes	Respiratory	7.9	-----	----	Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	15.9	Male	21.3	Aides, & Orderlies			
Mentally Ill	No		----	Female	78.7				
Provide Day Programming for			100.0		----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other		Private Pay			Family Care		Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	40	100.0	243	75	92.6	127	0	0.0	0	35	100.0	217	5	100.0	127	3	100.0	360	158	96.3
Intermediate	---	---	---	6	7.4	106	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	3.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	40	100.0		81	100.0		0	0.0		35	100.0		5	100.0		3	100.0		164	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	1.1	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	4.3	60.4	35.4	164
Other Nursing Homes	0.4	Dressing	13.4	62.2	24.4	164
Acute Care Hospitals	98.6	Transferring	16.5	59.8	23.8	164
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	13.4	63.4	23.2	164
Rehabilitation Hospitals	0.0	Eating	48.2	36.0	15.9	164
Other Locations	0.0	*****				
Total Number of Admissions	559	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	7.3		Receiving Respiratory Care	3.7
Private Home/No Home Health	45.6	Occ/Freq. Incontinent of Bladder	66.5		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	19.5	Occ/Freq. Incontinent of Bowel	65.2		Receiving Suctioning	0.0
Other Nursing Homes	1.2				Receiving Ostomy Care	2.4
Acute Care Hospitals	15.6	Mobility			Receiving Tube Feeding	3.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.6		Receiving Mechanically Altered Diets	29.9
Rehabilitation Hospitals	0.0					
Other Locations	7.5	Skin Care			Other Resident Characteristics	
Deaths	10.5	With Pressure Sores	6.7		Have Advance Directives	100.0
Total Number of Discharges		With Rashes	2.4		Medications	
(Including Deaths)	563				Receiving Psychoactive Drugs	57.9

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.4	84.7	1.13	87.0	1.10	86.6	1.10	87.4	1.09
Current Residents from In-County	91.5	81.8	1.12	86.4	1.06	84.5	1.08	76.7	1.19
Admissions from In-County, Still Residing	11.4	17.7	0.65	18.9	0.61	20.3	0.56	19.6	0.58
Admissions/Average Daily Census	336.7	178.7	1.88	166.7	2.02	157.3	2.14	141.3	2.38
Discharges/Average Daily Census	339.2	180.9	1.88	170.6	1.99	159.9	2.12	142.5	2.38
Discharges To Private Residence/Average Daily Census	221.1	74.3	2.97	69.1	3.20	60.3	3.67	61.6	3.59
Residents Receiving Skilled Care	96.3	93.6	1.03	94.6	1.02	93.5	1.03	88.1	1.09
Residents Aged 65 and Older	98.2	84.8	1.16	91.3	1.08	90.8	1.08	87.8	1.12
Title 19 (Medicaid) Funded Residents	49.4	64.1	0.77	58.7	0.84	58.2	0.85	65.9	0.75
Private Pay Funded Residents	21.3	13.4	1.59	22.4	0.95	23.4	0.91	21.0	1.02
Developmentally Disabled Residents	0.0	1.1	0.00	1.0	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	29.3	32.2	0.91	34.3	0.85	33.5	0.87	33.6	0.87
General Medical Service Residents	15.9	20.8	0.76	21.0	0.76	21.4	0.74	20.6	0.77
Impaired ADL (Mean)	52.8	51.8	1.02	53.1	0.99	51.8	1.02	49.4	1.07
Psychological Problems	57.9	59.4	0.98	60.0	0.97	60.6	0.96	57.4	1.01
Nursing Care Required (Mean)	6.0	7.4	0.81	7.2	0.84	7.3	0.83	7.3	0.82